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PTO/SB/82 (04-05)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

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| Application Number | 10/595,268 |
| Filing Date | 04/03/2006 |
| First Named Inventor | Brian E. Boehmer |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 077470.0242 |

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 62907 Please change the correspondence address for the above-identified application to: ✓ The address associated with Customer Number: 62907 OR Firm or Individual Name Address City State Zip Country Telephone **Email** I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Brian E. Boehmer Date Telephone 901/320-8539 July 7 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| A Power of Attorn | | | | | | |
| <i>OR</i> ✓ I hereby appoint | the practitioners as | sociated with the C | ustomer Num | nber: | 629 | 907 |
| Please change the | e correspondence a | address for the abo | ve-identified a | application to: | | |
| The address Customer Nu | associated with mber: | 6 | 2907 | | | |
| OR | | | | | | |
| Firm <i>or</i> Individual Name | | | | | · · · · · · · · · | |
| Address | | | | | | |
| City | | Si | ate | | Zip | |
| Country | | | | | | |
| Telephone | | | Email | | | |
| I am the: Applicant/Inven | tor. | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | |
| Signature I A | SIGNATUI | RE of Applicant or | Assignee of | Record | | |
| Signature Josha | a D. Cres | | | | | |
| Name Joshua D. Ci | rews | ··· | Talanhana | | | |
| Date July 7 | , 2006 | d of the antice internet as the | Telephone | 901/320 | | orms if more than one |
| NOTE: Signatures of all the inversignature is required, see below* | | or the entire interest of the | ir representative(s) | are required. Subn | at musuple t | onns ii more than one |
| *Total of | forms are submitted. | | | | | |

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Filing Date

Application Number

REVOCATION OF POWER OF ATTORNEY WITH

| ATTORNEY WITH | First Named Inventor | Brian E. Boehmer |
|--|------------------------|------------------|
| NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Art Unit | |
| | Examiner Name | |
| Change of Correspondence address | Attorney Docket Number | 077470.0242 |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | |
|--|--|--|--|--|
| A Power of Attorney is submitted herewith. | | | | |
| OR ✓ I hereby appoint the practitioners associated with the Customer Number: 62907 | | | | |
| Please change the correspondence address for the above-identified application to: The address associated with | | | | |
| Customer Number: 62907 | | | | |
| Firm or Individual Name | | | | |
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| am the: Applicant/Inventor. | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | |
| ignature Similiani | | | | |
| ame John P. Erspamer | | | | |
| ate July 25 , 2006 Telephone 765/364-5735 | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | |
| "Total offorms are submitted. | | | | |

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